

CERTIFICATE OF INSURANCE  
FIRE PROTECTION SYSTEM CONTRACTORS

**ADMITTED CARRIER**

This is to CERTIFY to the **COMMISSIONER OF THE DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION, COMMONWEALTH OF KENTUCKY**: that the insurance coverage's indicated below are in full force and effect for the term indicated with limits of public liability and property damage not less than \$250,000 per person/\$500,000 per accident as provided for in KRS 198B.

\_\_\_\_\_  
Name of Specific Insurance Company Affording Coverage

\_\_\_\_\_  
Insuring Company's COMPLETE HOME OFFICE ADDRESS

\_\_\_\_\_  
Name of Insured as it appears on Departmental License for Contractors

\_\_\_\_\_  
Complete Business Address of Insured (Street & Mailing)

Coverage's Afforded \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Exclusions, if any, in Policy \_\_\_\_\_  
\_\_\_\_\_

Policy Number \_\_\_\_\_ Amount of Coverage \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**The Insuring Company is an admitted  
Carrier in Kentucky and not a "Surplus  
Lines" Carrier**

Typed Name & Address of Insuring Agency  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

If this policy is terminated prior to its expiration  
The Company agrees to give written notice to the,  
Department of Housing, Buildings and  
Construction, State of Kentucky, at least thirty (30)  
Days prior to the effective date of cancellation

\_\_\_\_\_  
Typed Name and DOI No. of Agent

\_\_\_\_\_  
Signature of Agent of the Policy

\_\_\_\_\_  
Date